DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 12/06/14

PRINTED: 10/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445207	A. BUILDING _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEXFORD HOUSE, THE	2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #34230 and #34596 were completed on October 20, 2014, through October 22, 2014 at The Wexford House. No deficiencies were cited related to complaint investigation #34230 and #34596 under 42 CFR Part 483.13, Requirements for Long Term Care Facilities.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain dignity for one resident (#177) of four residents reviewed for medication administration. The findings included: Resident #177 was admitted to the facility on October 3, 2012, with diagnoses including Anxiety Disorder, Vascular Dementia with Depressed Mood, and Diabetes type 2. Medical record review of Physician Recapitulation Orders dated October 2, 2014, revealed "...accuchecks...with sliding scale as follows with regular insulin:...301-340 [blood sugar range] 8 units..." Observation on October 20, 2014, at 8:32 p.m., in	F 241	F 241: 1. Charge nurse #1 was educated on providing dignity to resident #177 while administering insulin by pulling privacy curtain or closing door to resident room. Nurse was educated by QA nurse on 10/27/14. 2. Observation was conducted by DON and ADON on 11/5/14 during med pass on residents who require injections to ensure dignity was maintained and staff was providing privacy during the procedure. No issues were identified. 3. The DON, ADON and/or QA coordinator will inservice current nursing staff on providing dignity during care. Routine monitoring will be performed by DON, ADON, QA coordinator or unit managers daily (Monday to Friday) for 2 weeks then 3 times a	11/30/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 11/6/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 the resident's room, revealed the resident sitting in the doorway of room open to the public. Observation revealed Charge Nurse #1 obtained an accucheck [blood sugar] test from the resident with a result of 305. Continued observation revealed the Charge Nurse drew up eight units of humulin R insulin, pulled the shirt of the resident up exposing the bare stomach, and administered the insulin. Interview with the Charge Nurse on October 20, 2014, at 8:48 p.m., on the 400 hall, confirmed dignity was not maintained when the Charge Nurse pulled the shirt of the resident up exposing the bare stomach.	F 241	week for 2 weeks, then monthly for 3 months. 4. Findings of the above stated audits will be discussed in the Quality Assurance and Performance Improvement meeting monthly times 3 months for recommendations and further follow up as indicated.	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to complete a bladder assessment to determine an individualized bladder training program for one (#139) resident of three residents reviewed for urinary incontinence of thirty-eight residents	F 315	F 315: 1. Resident #139 has been assessed and placed on an individualized bowel and bladder training program. 2. Individualized bowel and bladder programs will be evaluated on all residents currently on a program, revised for appropriate interventions and ensure program assessment is complete. 3. The DON, ADON and/or QA coordinator will inservice current nursing staff on facility bowel and bladder program to include appropriateness of interventions and ensuring that assessments are complete. Routine monitoring will	11/30/14

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F 315	Continued From page 2 reviewed. The findings included: Resident #139 was admitted to the facility on June 16, 2014, with diagnoses including Anxiety, Depression, and Post-Traumatic Stress Disorder. Medical record review of the Admission Minimum Data Set (MDS) dated June 22, 2014, revealed the resident was frequently incontinent of urine. Medical record review of the Quarterly MDS dated September 19, 2014, revealed the resident was always incontinent of urine. Medical record review of the Bowel and Bladder Assessment dated June 26, 2014, revealed the resident scored a 14 (10-17 Potential for Habit/Prompted/Scheduled Toileting). Medical record review of the Bowel and Bladder Assessment dated July 2, 2014, revealed "...Admit to B [and] B [Bowel and Bladder] to attempt to promote...continence..." Continued review of the Bowel and Bladder Assessment dated July 2, 2014, revealed "...Implement: Prompted...Habit...Scheduled toileting plan..." Further review of the Bowel and Bladder Assessment revealed it was incomplete to indicate the type of Bladder retraining program to implement. Medical record review of the Bowel and Bladder Assessment dated August 21, 2014, revealed the resident scored a 12. Continued review of the Bowel and Bladder Assessment revealed "...Discharged from program continues [to] have incontinence..."	F 315	be performed by DON, ADON, QA coordinator or unit managers daily (Monday to Friday) for 2 weeks then 3 times a week for 2 weeks, then monthly for 3 months. 4. Findings of the above stated audits will be discussed in the Quality Assurance and Performance Improvement meeting monthly times 3 months for recommendations and further follow up as indicated.	

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F 315	Continued From page 3 Observation on October 22, 2014, at 12:00 noon, revealed the resident seated in a wheelchair, in the resident's room, eating lunch. Interview with Licensed Practical Nurse (LPN) #2 on October 22, 2014, at 12:40 p.m., in the conference room confirmed the Certified Nursing Assistant will check the resident every hour to determine if the resident is continent, incontinent or needs assistance to urinate. Interview with the Director of Nursing (DON) on October 22, 2014, at 12:50 p.m., in the DON's office, confirmed the Bowel and Bladder Assessment was incomplete and an individualized bladder training program had not been established for the resident.	F 315		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain a medication error rate of less than five percent for one resident (#177) of four residents reviewed for medication administration. The findings included: Resident #177 was admitted to the facility on October 3, 2012, with diagnoses including Anxiety	F 332	F 332: 1. Resident #177 has had the orders changed to reflect the dosage of over the counter meds that the facility utilizes 2. All other residents will be evaluated to ensure that current orders reflect the dosage of over the counter meds that the facility utilizes 3. The DON, ADON and/or QA coordinator will inservice all licensed nursing staff on proper med pass procedures which includes verifying medication to be administered to the medication	11/30/14

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F 332	Continued From page 4 Disorder, Vascular Dementia with Depressed Mood, and Diabetes type 2. Medical record review of Physician Recapitulation Orders dated October 2, 2014, revealed "...Fish Oil 1000 mg [milligrams] and Magnesium Oxide [antacid] 400 mg..." Observation on October 20, 2014, at 8:32 p.m., on the 400 hall, revealed Charge Nurse #1 obtained Fish Oil 500 mg and Magnesium Oxide 250 mg and administered to the resident. Interview with the Charge Nurse on October 20, 2014, at 8:48 p.m., on the 400 hall, confirmed the incorrect dose of the medications were administered.	F 332	administration record. Med pass audits will be performed by DON, ADON, QA coordinator or unit managers daily (Monday to Friday) for 2 weeks then 3 times a week for 2 weeks, then monthly for 3 months. 4. Findings of the above stated audits will be discussed in the Quality Assurance and Performance Improvement meeting monthly times 3 months for recommendations and further follow up as indicated.	